

TRANSPORTATION  
DOCUMENT NUMBER

LODGING  
NUMBER

DOCUMENT  
NUMBER

STATE OF NEBRASKA  
EXPENSE REIMBURSEMENT REQUEST

BATCH NUMBER

DOCUMENT NUMBER

DATE	NAME OF PLACE AND NATURE OF SERVICE	TRAVEL TIMES		MEALS	LODGING	TRANSPORTATION			MISCELLANEOUS		TOTAL
2011 month/day	Enter start and stop points for each trip State purpose of each trip	STARTED	STOPPED	Actual Amounts only	DB1, DB2, etc., if direct billed	RATE	MILES TRAVELED	AMOUNT	DESCRIPTION	AMOUNT	
5/1	American Assoc of School Libns -- annual conf.			B		0.510		-	Registration receipt	155.00	155.00
5/4	American Assoc of School Libns (Omaha to Minneapolis)			L		0.510		-	Airfare receipt (RT)	372.54	372.54
				D		0.510		-			-
10/26	To Omaha for flight to AASL conference	1030		B	112.00	0.510	54	27.54	Travel by car		139.54
	(Minneapolis)			L	8.50	0.510		-	Bag charge	25.00	33.50
				D	14.98	0.510		-	Taxi from airport	22.00	36.98
10/27				B	8.32	0.510		-			120.32
				L	12.50	0.510		-			12.50
				D	14.86	0.510		-			14.86
10/28				B	7.75	0.510		-			119.75
				L	13.02	0.510		-			13.02
				D	15.87	0.510		-			15.87
10/29				B	6.74	0.510		-			118.74
				L	11.07	0.510		-			11.07
				D	30.82	0.510		-			30.82
10/30	Return to Omaha from AASL conference		2230	B	7.45	0.510		-	Bag charge	25.00	32.45
				L	12.82	0.510		-	Shuttle to airport	15.00	27.82
				D	14.99	0.510	54	27.54	Travel by car		42.53
				B		0.510		-			-
				L		0.510		-			-
				D		0.510		-			-
				B		0.510		-			-
				L		0.510		-			-
				D		0.510		-			-
				B		0.510		-			-
				L		0.510		-			-
				D		0.510		-			-
DB: 1			TOTALS		179.69	448.00		-	55.08	614.54	1,297.31
DB: 2							Business Unit		Object Code	Amount	
DB: 3											
DB: 4											
DB: 5											

NAME and TITLE  
Herbie Husker  
ADDRESS  
1234 Main St.

ADDRESS BOOK NUMBER  
\*\*  
CITY  
Lincoln

HEADQUARTER CITY  
Lincoln  
STATE  
NE  
ZIP CODE  
68506

I claim reimbursement for the above expenses incurred by me in the line of duty and in accordance with Nebraska State Statutes. I declare that this is a true account of such expenses for which payment has not previously been made by the State of Nebraska or another source.

EMPLOYEE SIGNATURE  
Your Signature

DATE  
11/15/2011

AUTHORIZED SIGNATURE  
For NLC Approval

SUPERVISOR or APPROVER SIGNATURE

DATE